



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

**CONFLICT OF INTEREST  
COMPLAINT FORM**

<b>NAME (Full name):</b>			
<b>Address:</b>			
<b>City:</b>		<b>State:</b>	<b>Zip Code:</b>
<b>Telephone:</b>	<b>Cell Phone:</b>	<b>Work Phone:</b>	<b>E-mail:</b>
<b>Employee or Public Officer Name:</b>			
<b>Agency/Board/Commission</b>			

**Specify the prohibited conduct that was allegedly violated: (check all that apply)**

\_\_\_\_A public officer or employee shall not divulge to unauthorized person, confidential, information acquired in the course of business in advance of the time prescribed for its authorized release to the public.

\_\_\_\_A public officer has not disclosed any pecuniary, contractual, business, employment or personal interest that the Board member may have in a contract, grant, loan, or regulatory matter before the Board.

\_\_\_\_A public officer did not refrain from participating in any discussion, directly or indirectly, with other Board members regarding the pending item and abstain from voting on any motion or resolution relating to the matter.

\_\_\_\_A public officer has not abstained from voting on any motion or resolution relating to this matter.

Provide detailed facts supporting the above allegation(s):

**By affixing your signature, you are affirming that you have read this complaint and know its contents and believe the alleged violations are true.**

**NAME (Printed)**

**SIGNATURE:**

**DATE:**

**Mail form to:**

**Michigan Department of Licensing and Regulatory Affairs  
Office of the Director  
P.O. Box 30004  
Lansing, MI 48909**